

KHC Form TC-4 Rev. 2005  Page 1 of 1	<b>Commonwealth of Kentucky</b> <b>Kentucky Heritage Council</b> Kentucky Historic Preservation Tax Credit Certification Application Summary of Investment	<b>KHC Project #</b> <hr/> <b>Date Received</b> <hr/>
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*This form must be completed and submitted as an attachment to the Part 3 - Certification of Completed Work*

**Name of Property:** \_\_\_\_\_

Street \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Owner Information:** \_\_\_\_\_  
Tax ID/SS# \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Rehabilitation Cash Expenses	Materials	Labor
Roof		
Exterior Walls		
Windows		
Doors		
Electrical / Lighting		
HVAC		
Plumbing		
Painting / Finishes		
Interior		
OTHER (Define)		
TOTALS		

Check All Uses in Project

✓	USE	Square Feet or # of Units
	Owner-Occupied/Single Family	
	Rental Housing	
	Market Rate Housing	
	Low/Moderate Income Housing	
	Assisted Living Housing	
	Office/Commercial Space	
	Rental Space	
	Industrial Space	
	Hotel/B&B/Inn	
	Other (specify)	

☐ This credit will be transferred or assigned to a separate entity. This is provided here for informational use only and separate forms are required to effect this transfer.

*I hereby attest that I own the property described above, that the information I have provided is, to the best of my knowledge, correct, and that I have documentation to support this report pursuant to an audit.*

\_\_\_\_\_  
**SIGNATURE** \_\_\_\_\_  
**DATE**

**NOTE:** This report must be notarized if the project is an owner-occupied residence or certified by a Certified Public Accountant (CPA) for all other projects.

\_\_\_\_\_  
**NOTARY SIGNATURE** \_\_\_\_\_  
**DATE**